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7590 01/29/2004

Mara E. Liepa
MERCHANT & GOULD P.C.
P.O. BOX 2903
Minneapolis, MN 55402-0903

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| | |
|----------------------|--------------------|
| Rebecca Ralls | (Depositor's name) |
| <i>Rebecca Ralls</i> | (Signature) |
| 2/20/2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/033,575 | 12/28/2001 | Charles T. Lliamos | 12008.42USCI | 9713 |

TITLE OF INVENTION: SMALL VOLUME IN VITRO ANALYTE SENSOR AND METHODS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|-----------------|-----------------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 04/29/2004 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| OLSEN, KAJ K | | 1753 | 205-792000 | | |

| | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TheraSense, Inc.

Alameda, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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Issue Fee
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(Authorized Signature)

(Date)

Mara E. Liepa *Feb 20 2004*

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02/26/2004 FMETEK12 00000140 10033575

01 FC:1501
02 FC:1504

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: LIAMOS ET AL. Examiner: K. OLSEN
Serial No.: 10/033,575 Group Art Unit: 1753
Filed: DECEMBER 28, 2001 Docket: 12008.42USC1
Confirmation No.: 9713 Notice of Allow. JANUARY 29, 2004
Due Date: APRIL 29, 2004 Date:
Title: SMALL VOLUME IN VITRO ANALYTE SENSOR AND METHODS

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 20, 2004.

By: *Rebecca Ralls*
Name: Rebecca Ralls

Mail Stop Issue Fee
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P.O. Box 1450
Alexandria, VA 22313-1450

23552
PATENT TRADEMARK OFFICE

Sir:

We are transmitting herewith the attached:

- Transmittal Sheet in duplicate containing Certificate of Mailing
- Issue Fee Transmittal Part B (PTOL - 85)
- Check(s) in the amount of \$1330.00 for Payment of Issue Fee
- Check(s) in the amount of \$300.00 for Payment of Publication Fee
- Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.
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By: *Mara E. Liepa*
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